

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND APPARATUS FOR PERFORMING PHOTOBIOSTIMULATION
Attorney Docket Number::	105090-194
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Gregory
Middle Name:	B.
Family Name::	Altshuler
City of Residence::	Wilmington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	137 Marion St.
City of mailing address::	Wilmington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01887

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Ilya
Family Name::	Yaroslavsky
City of Residence::	Wilmington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	9214 Avalon Dr.
City of mailing address::	Wilmington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01887

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Michail
Middle Name:	M.
Family Name::	Pankratov
City of Residence::	Waltham
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	16 Appleton Street
City of mailing address::	Waltham
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02453

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Dov
Family Name:: Gal
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 40 Kenwood Street, #2
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02446

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/416,664	10/07/2002

Assignee Information

Assignee name:: Palomar Medical Technologies, Inc.
Street of mailing address:: 82 Cambridge Street
City of mailing address:: Burlington
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02182